
Minutes

Ordinary Meeting of the Board of the Far West Local Health District

Date: 23 November 2020

Time: 10.30am CST (11.00am EST)

Venue: Auditorium, First Floor, Broken Hill Community Health Centre

Present:

Dr Andrew Refshauge	Chairman
A/Prof Lilon Bandler	Board Member
Mr Wincen Cuy	Board Member
Mr John Harris	Board Member
Mr Paul Kemp	Board Member
Mr Stephen O'Halloran	Board Member
Mr Umit Agis	Chief Executive
Mr Michael Kelly	Interim Director Performance and Strategy

Videoconference:

Ms Mariette Curcuruto	Board Member
Dr Michelle Dickson	Board Member
Ms Sally Pearce	Board Member

In Attendance:

Mr Zoran Bolevich	eHealth NSW
Mr Mina Georgy	eHealth NSW
Ms Mona Thind	eHealth NSW
Ms Carolyn Burlew	Independent Chair, FWLHD Audit and Risk Committee
Ms Melissa Welsh	Director Allied Health, Partnerships and Innovation
Ms Jenelle Bussell	Board, Committees and Policy Clerk (Minutes)

Meeting Opened 10.32am CST

Item 1. Acknowledgement of Country

The Far West Local Health District acknowledges the traditional owners of the lands within its boundaries including: the Barkandji; the Muthi Muthi; the Wilyakali; the Ngiyampaa; the Wadigali; the Malyangaba; and the Wangkumara. We acknowledge and pay respects to the Elders past and present and their ancient wisdoms. We also acknowledge the communities of today and the Aboriginal community members who are part of our communities.

Special Presentation – eHealth NSW Remote Site Solutions

Representatives from NSW eHealth provided an informative presentation on Remote Site Solutions. Key points of the presentation are:

- NSW Health is currently developing the Future Health Strategy. An analysis undertaken with Western NSW and FWLHD showed a notable constraint in the NSW Health ecosystem. That is, the need to engage with external providers to ensure adequate coverage of clinical services, and the inability to share information across facilities. This is a long standing and complex set of challenges that requires a multifaceted approach.

- Patient safety and patient experience are the central drivers, work was recently completed to collate and validate existing requirements. Emergency Department, Fast Track Clinic and scheduled clinics are where problems areas are identified. These include; no integrated systems in place, paper charts being used and discharge summaries not always being completed.
- Some of the opportunities identified are; to enhance patient experience, reduce cost and time of care, continuity of care, reduction of clinical risks, enhance clinical workflow and improve information quality.
- Some of the key challenges are; information sharing outside boundaries of NSW Health and how digital consent and governance is approached.
- Roadmaps are being developed on how to start to improve on the use of discharge information through My Health Record. Commencing user training and strengthening partnerships outside NSW Health and portal access with outside partners, if possible, is also being investigated.
- Some of the risks identified are; funding, privacy and consent and solution adoptions. A lot of work is needed around how information is shared and linked across organisations and legislative requirements.

Mariette Curcuruto joined the meeting at 10.49am

The Board members discussed the presentation noting some organisations may not want to be part of the small site solution. Some organisations are concerned about patient privacy and work would need to be done around representing patient groups to ensure individuals could opt out of sharing their information through consent management.

The Rural Health Governance Committee meets on a regular basis and feels securing funding is a broader issue across many LHDs. Currently no funding has been secured, however approaches to the Commonwealth is a possibility. Securing funding is proving difficult but eHealth are doing all they can to raise the profile of issues and to show how solving the problem in the rural sector has huge benefits to communities and patients.

The Board members noted the ability to upload documents to eMR would be beneficial and a simple solution in the start to communicate. Scanning into eMR currently exists, however the capacity could be expanded to address a lot of issues.

The Chair thanked the eHealth team for their presentation and suggested some feedback on the ability to increase capacity in eMR to upload and scan documents would be appreciated.

Action: Chief Executive to provide an update on the ability to increase capacity in eMR to upload and scan documents.

Zoran Bolevich, Mina Georgy and Mona Thind left the meeting at 11.08am

Item 2. Apologies

Nil

Item 3. Disclosure of Interest

Mariette Curcuruto noted her position with Silverlea Early Childhood Services in Broken Hill and advised the organisation was moving into a therapy space and looking to recruit Occupational Therapists. There is also a possibility of collaboration with the FWLHD. Due to this she has removed herself from those discussions.

Item 4. Order of Business/Urgent Business

Nil

Item 5. Minutes of Ordinary Board Meeting 26 October 2020

Resolution: **The Minutes of the Ordinary Board meeting held on 26 October 2020 be received as a true and correct record.**
Moved John Harris, seconded Paul Kemp. Carried

Item 6. Action List

6.1 19-20 – Acknowledgement of Country – Comprehensive Maps

Held over.

6.2 19-27 – Informal Afternoon Tea Maari Ma Health

The Chair of Maari Ma Aboriginal Health Corporation has been contacted and a general discussion is due to take place in the coming days.

6.3 20-05 – NOUS Group Training

Ongoing follow up with the MoH regarding NOUS Group training has so far been unsuccessful. Awaiting confirmation to be able to meet with them to discuss.

6.4 20-13 and 20-32– Patient and Staff Stories

A timeline for UDRH students to begin training and story taking was circulated out of session and an Aboriginal staff story is included at Item 7.2.

Complete

6.5 20-33 – Risk Appetite

Example Risk Appetites from various entities were circulated to Board members out of session.

Complete

6.6 20-34 – MoH Board Report Far West LHD

Western NSW LHD MoH Board Report was circulated to Board members out of session.

Complete

6.7 20-35 – Board Sub Committee Attendance

A report is provided by way of a Brief. In August 2020, FWLHD implemented the new Framework through the adoption of Four Pillars of Governance. Those Pillars are;

Pillar 1 – Clinical Governance

Pillar 2 – Corporate Governance

Pillar 3 – People, Culture and Organisational Development Governance

Pillar 4 – Organisational Performance Governance

The revised by-Laws of 2017 for Board Governed Statutory Health Organisations contained within the Health Services Act 1997, the FWLHD Board must establish the following Committees;

1. Audit and Risk
2. Finance and Performance
3. Quality and Safety

The FWLHD currently has five Board Sub-Committees;

1. Health Care Quality
2. Audit and Risk
3. Finance and Performance
4. Workforce Development; and
5. Aboriginal Health

The following recommendations are made for the Board to review and consider the requirements of the Model By-Laws and the new governance structure.

1. The Audit and Risk Committee remain unchanged. This Committee is supported by Pillar 2 and Pillar 4.
2. The Aboriginal Health Committee is withdrawn. Aboriginal health is everybody's business and will be reflected in all aspects of operations.
3. The Workforce Development Committee is rescinded and merged with Finance and Performance and renamed Workforce, Finance and Performance Committee. This Committee is supported by Pillar 3, Pillar 2 and Pillar 4.
4. The Health Care Quality Committee remains unchanged. This Committee is supported by Pillar 1 and Pillar 4.

The Board members discussed the brief noting the benefits of combining Workforce Development and Finance and Performance Committees, however there is still a need for the Aboriginal Workforce Plan to be completed. Aboriginal health will be reported across all Pillars and the heads of each Pillar will present to the Board twice yearly.

The Board members discussed the Committees that should report to each Pillar and what positions should attend those Committees.

It was noted names of the Sub-Committees should be changed to match the By –Laws. Terms of References will need to be amended to suit changes made and the Sub-Committee structure can be reviewed again in twelve months' time.

Recommendation: The Far West Local Health District Board of Directors consider revising the current Sub-Committee structure in alignment with the new Organisational Governance Framework.

Endorsed

Action: The names of the Sub-Committees be changed to match the By_Laws and the Terms of References are amended to reflect the name change and reporting requirements.

Item 7. Reflections on our Care

Item 7.1 Patient Story

Noted

Item 7.2 Staff Story

Noted

The Board members discussed the Staff Story noting support for young people being recruited as trainees to difficult positions was of very high importance and it would be empowering to explore what support was available, what worked well and what didn't.

Item 8. Chief Executive Report

Item 8.1 KPI Dashboard Report

Noted

Item 8.2 Chief Executive Report

The Chief Executive went through the report noting key points:

- Changes to border restrictions is occurring at a fast rate and recent changes impacted the Far West Local Health District significantly. Testing of all visitors by planes and busses commenced immediately and the community came together quickly, cooperation was immense.
Screening numbers at the drive through clinic spiked during this time and potential arrangements to move to a larger location was investigated.

John Harris left the meeting at 11.47am -11.49am

Hospital hours were also revised and reduced but have now been reverted back to previous restrictions.

The Board members discussed mandatory temperature testing. It was noted temperatures can be affected by hot days during summer which is resulting in wait times to retest. Temperature testing is now embedded in the approach and is a reminder to stay vigilant.

- The JMO Medical Lounge and Registrar office has recently been upgraded with new furnishings, computers and enhanced work space. This was made possible with a grant from the Regional Training Hub.
- Formal negotiations commenced on 27 August 2019 for a New Industrial Award with 9 days of hearing occurring in August 2020. The outcome of this arbitration is now awaited. Minor BHTEU matters continue to be raised for NSW IRC conciliation, such as On-call Allowance for Imaging Staff, Casual and Temporary employment, all of which would be addressed by this new award.

The Board members discussed the arbitration and questioned if some of the issues could be resolved prior to a resolution being now handed down around March 2021.

- The FWLHD Awards occurred on 18 November 2020 and was held virtually to enable the LHD to comply with COVID-19 Public Health guidelines. The ABC Breakfast host acted as emcee and the event went well.
- A Media event was organised with Minister Coulton's office at Wentworth in relation to the Collaborative Care funding initiative and was well attended.
- The LHD Branding video has been finalised and was shown to Health Council Chairs who provided positive feedback. Some of the feedback was focused on including the broader area and life outside work. Broken Hill City Council will be consulted to include aspects in the video.
- The Far West LHD volunteer's return to site plan has started to be implemented. All volunteers were required to complete a return to site self-assessment form. Each volunteer program is being assessed and a Covid-19 Business plan developed.
- The LHD met with the MoH to discuss the second instalment of the 2020-21 Service Level Agreement. The District requested further meetings to discuss funding formulas used for FWLHD.
- The District also had its Performance meeting with the Ministry and received positive feedback on its first quarter performance and maintain zero rating.

Resolution: **The Chief Executive Report be received and noted.**
Moved Wincen Cuy, seconded Stephen O'Halloran. Carried

Mariette Curcuruto left the meeting at 12.12pm

Lunch Recess 12.12pm to 12.40pm

Carolyn Burlew joined the meeting at 12.40pm

Item 9. Aboriginal Health

Item 9.1 Clinical Services

Item 9.1.1 Comparative DAMA Rates

Noted

Item 9.1.2 Comparative DNW Rates

Noted

Item 9.1.3 Admission rates compared with population numbers

Noted

Item 9.1.4 Smoking during pregnancy comparative rates

Nil

Item 9.2 Workforce

Item 9.2.1 Workforce participation rates

The Board members discussed the workforce participation rates noting concern around the Aboriginal new hire percentage data. In some of the remote sites where the Aboriginal population is higher, it is not reflected in staffing. The FWLHD is working to increase recruitment to Aboriginal allocated positions but unless they are specialist Aboriginal health positions they are advertised in general terms.

The Board members noted the importance of a long vision and models that are sustainable. Engagement in the community is important to ensure Indigenous people are aware of positions being advertised.

Mariette Curcuruto joined the meeting at 12.51pm

The Board members notes the Far West Local Health District was a large employer in the region and there was no reason why positions are not being filled by Aboriginal people. Other LHDs have had success in using a buddy system of employment and maybe this should be considered in the Far West LHD.

Item 9.2.2 LHD Progress on State Strategic Plans

Nil

Item 9.2.3 Progress on the Reconciliation Action Plan (RAP)

Noted

Item 9.3 External Relationships

Item 9.3.1 Maari Ma and Coomealla Health

Nil

The Chair requested a change in the Order of Business, requesting Item 17. Correspondence to follow.

John Harris left the meeting at 12.56pm to 1.00pm

Item 17. Correspondence

Item 17.1 Maari Ma Health – Complaint Aboriginal Transport

The Chief Executive advised he had discussed the issues with both the complainant and the HSM of the Ivanhoe Health Service. Investigations are continuing into the inflexibilities and how to better manage these situations moving forward.

Item 17.2 FWLHD Response to Maari Ma health – Complaint Aboriginal Transport

The Board members discussed the correspondence. Federal and NSW State Government bodies mandate the reporting of specific activity and patient related information as part of public health service provision. The Board members noted concern around patient identification and if the level of detail provided to the MoH was necessary.

Mariette Curcuruto left the meeting at 1.05pm

Advocating on behalf of partner organisations and constituents was discussed and the possibility of requesting change may also be an option.

Mariette Curcuruto returned to the meeting at 1.11pm

The Board members discussed the options of reaching out to Maari Ma Aboriginal Corporation around compliance, noting decisions the MoH make can be made with limited data and it would be reasonable to revisit requirements.

Mariette Curcuruto left the meeting at 1.13pm and returned at 1.17pm

Melissa Welsh joined the meeting at 1.19pm

Item 10. Presentation

Item 10.1 Melissa Welsh, Director Allied Health, Partnerships and Innovation

Melissa Welsh, Director Allied Health, Partnerships and Innovation went through her presentation. Key points of the presentation are:

Key Accountabilities

- Direction, leadership and governance for Allied Health services across FWLHD
- Apply innovation, collaborative and solution driven approaches
- Ensure delivery of safe high quality services
- Manage projects, contracts and external service engagements as they apply to this directorate

High level projects in progress

- Collaborative Commissioning (with PHN, RDN, WNSWLHD)
- Medical Imaging Call Backs
- Rehab Services Model of Care
- Implementation of various frameworks: First 2000 days, Youth Health, Women's Health

- PREMs/PROMs go live planned early 2021

Plans

- Recruitment to key vacancies within the directorate
- Development and implementation of the AHPI clinical governance structure, including policy development
- AHPI Structure and models of service delivery and care – which will inform the workforce plan and business plan
- Development of FWLHD Partnership Framework

Long term opportunities

- District wide Allied Health coverage and models of care
- Scope, function and outputs of PMO in fostering a culture of innovation across the LHD

The Board members discussed the presentation noting the changes in the Directorate since the restructure. Departments such as Pharmacy, Radiology and Integrated Care formally sat under different Directorates but are now under Allied Health. Approximately twenty four disciplines now sit under Allied Health but all have different functions. Previously some areas lacked visibility whereas now they are more accessible and there is more potential for efficiency and collaboration.

The Board members discussed collaborative care around partnerships with RFDS, CHAC and Western NSW PHN. Focus at present is specifically with RFDS on the Oral Health Tripartite agreement with quarterly meetings occurring to manage that.

The Chair thanked Director Allied Health, Partnerships and Innovation for her presentation.

Melissa Welsh left the meeting at 1.30pm

Item 11. Board Sub Committee Reports

Item 11.1 Aboriginal Health

Item 11.1.2 Aboriginal Health Committee Chair Report

Focus of discussion was on the proposal to change the oversight of Aboriginal health issues from the Sub-Committee of the Board to the Board as a whole.

Item 11.1.1 Aboriginal Health Committee Minutes 26 October 2020

Noted

Michael Kelly joined the meeting at 1.31pm

Item 11.2 Finance and Performance

Item 11.2.1 Finance and Performance Committee Chair Report

The Chair of the Finance and Performance Committee noted focus of the meeting was on workforce and there was a definite synergy with the Workforce Committee and Finance and Performance Committee. Alignment of the two in the near future would be beneficial.

Item 11.2.2 Finance and Performance Committee Minutes 19 October 2020

Noted

Item 11.2.3 Finance Report October 2020

Key items of the financial report are:

Overview

General Fund

	<u>20/21 YTD Actuals</u>	<u>Variance to Budget</u>		<u>20/21 FY F'cast</u>	<u>Variance to budget</u>
Total Expenses	42.184M	1.037M	U		
Employee Related	26.109M	0.660M	U		
VMO Payments	2.780M	0.213M	U		
Goods & Services	9.114M	0.131M	U		
Grants	1.159M	0.000M			
Repairs, Maintenance & Renewals	0.698M	0.027M	U		
Depreciation and Amortisation	2.315M	0.000M			
Borrowing Costs	0.006M	0.005M	U		
Other Expenses	0.001M	0.001M	U		
Total Revenue	39.67M	0.038M	F		
Own Source Revenue	4.520M	0.038M	F		
Government Contributions	35.150M	0.000M			
Crown Acceptance & Other (revenue)	0.645M	0.000M			
Asset Transfers - Internal	0.000M	0.057M	U		
Total Result: Surplus/(Deficit)	1.873M	1.060M	U	5.186M	1.768M U
Adjustments					
- COVID-19 (currently unfunded)	0.188M	0.188M	U	0.944M	0.944M
- Superannuation (retrospective)	0.056M	0.056M	U	0.056M	0.056M
Underlying Result: Surplus/(Deficit)¹	1.629M	0.816M	U	4.186M	0.768M

1. The Underlying Result is intended to reflect operating performance relative to budget, with identified major anomalies removed.

FTE	<u>FY21 FN09</u>	<u>Variance to Budget</u>
	692.92*	59.50 F

*Excludes 11 HealthX agency staff.

The year to date performance is the same drivers contributing to the ongoing negative variance to budget. Labour is the major driver with approximately 70% of the budget. Skills around managing workforce is the key in delivering sustainability.

Discussions are occurring with the MoH in an attempt to secure more sustainable funding. Understanding gathering of data and funding streams and how they relate to remote costs is an important part in demonstrating reason.

Once the full year forecast is completed, further short term improvement initiatives will be identified as necessary, and incorporated into roadmaps for MoH. The longer term improvements and associated quantification, will also be further documented and included in the MoH roadmaps during November / December.

Mariette Curcuruto left the meeting at 1.44pm and returned at 1.45pm

Interim Director Performance and Strategy provided an overview and observations on the initial 2020-21 full year financial forecast.

The Board members discussed the forecast noting COVID-19 funding was calculated in two components; base and incremental.

Carolyn Burlew left the meeting at 1.46pm and returned at 1.47pm

Item 11.2.4 Financial Reports

Noted

Resolution: **The Finance Reports be received and noted.**
Moved Wincen Cuy, Seconded Stephen O'Halloran. Carried

Item 11.2.5 MoH Narrative – October 2020

Noted

Michael Kelly left the meeting at 2.03pm

Item 11.3 Health Care Quality

Item 11.3.1 Health Care Quality Committee Chair Report

Focus of discussion centered around the new Clinical Governance Framework and the Committees involved, and their areas of responsibility.

The Chair of the Health Care Quality Committee noted the network of Committees is quite complex and requested discussion on Item 12.3 Clinical Governance Attestation Statement and Framework to follow.

The Health Care Quality Committee reviewed the Terms of Reference and membership. An updated version of the Terms of Reference will be submitted to the next Health Care Quality Committee meeting to reflect reporting requirements in line with the new Framework.

Item 12.3 Clinical Governance Attestation Statement and Framework

The Chair of the Health Care Quality Committee went through the Framework noting there was no clarity on where all Committees report to and where KPIs sit within the Committee structures. This is a complex network and the responsibilities are key. The Clinical Governance Committee cannot be confident responsibilities are being met. The Framework needs work, is improving but is a work in progress.

The Board members discussed the Clinical Governance Framework. The Framework aims to bring all areas together to show which Committee reports where. One of the challenges is the expectation of the MoH and now all Pillars are in place, there is a clear mandate and visibility of all reporting required by them.

Recommendation: The Far West Local Health District Board approves the content of the Far West Local Health District Clinical Governance Framework and endorses that it is submitted to the Australian Commission on Safety and Quality in Healthcare by the 30 November 2020.

Resolution: **The Clinical Governance Attestation Statement and Framework is approved and endorsed.**
Moved Lilon Bandler, seconded Mariette Curcuruto. Carried

Wincen Cuy left the meeting at 2.22pm and returned at 2.23 pm

Umit Agis left the meeting at 2.24pm and returned at 2.26pm

Item 11.3.2 Patient Safety and Clinical Quality Report

Noted

Item 11.3.3 Health Care Quality Committee Minutes 9 October 2020

Noted

Resolution: **The Health Care Quality Reports be received and noted.**
Moved Lilon Bandler, Seconded Paul Kemp. Carried

Item 11.4 Workforce Development

Item 11.4.1 Workforce Development Committee Chair Report

The Chair of the Workforce Development Committee advised a meeting was held on Tuesday 17 November 2020 and focus of discussion was on the presentation on SBATs by the Director Aboriginal Health and Planning and Community Engagement. The program enables Aboriginal students to begin career pathways across all services and is a good pathway for increasing headcount on entry to the workforce on completion of the program.

There is concern around funding which is relied upon by a single funding source. The program is restricted to how many trainees can be placed due to budgeting constraints.

The FWLHD Workforce Plan was approved by the Workforce Development Committee and is submitted to the Board for endorsement. The Aboriginal Workforce Plan is still outstanding but should be forthcoming in the New Year.

The Board members discussed the SBAT program and funding options noting the current funding source was unreliable and other sources are being investigated, including internal options.

Online training options are increasing due to COVID-19 and can benefit the workforce in providing a larger skill base and could also be used to support recruitment to remote sites, while at the same time furthering education.

Item 11.4.2 Workforce Development Committee Minutes

Nil

Item 11.4.3 Workforce Report

Noted

Item 11.4.4 Headcount and FTE October 2020

Noted

Resolution: **The Workforce Development Report is received and noted.**
Moved Mariette Curcuruto, seconded Michelle Dickson. Carried

Michelle Dickson left the meeting at 2.42 pm

Item 11.5 Audit and Risk

Item 11.5.1 Audit and Risk Committee Chair Report

Independent Chair, Audit and Risk Committee noted outstanding recommendations and processes have improved and are being addressed in a timelier manner. Risk Management

and focus on enterprise and strategic risks has also improved and Internal Audit requires peer support.

Item 11.5.2 Audit and Risk Committee Minutes

Nil

Item 11.5.3 Risk Management Unit - Work Health and Safety Report

Noted

Resolution: **The Risk Reports be received and noted.**
Moved Sally Pearce, seconded Lilon Bandler. Carried

Item 12. Reports for Noting

Item 12.1 Health Performance Report September 2020

Noted

Resolution: **The Health Performance Report September 2020 is received and noted.**
Moved Stephen O'Halloran, seconded Wincen Cuy. Carried

Item 12.2 Audit and Risk Committee Annual Report

Noted

Resolution: **The Audit and Risk Committee Annual Report is received and noted.**
Moved Sally Pearce, seconded Lilon Bandler. Carried

Item 12.3 Clinical Governance Attestation Statement and Framework

Discussed at Item 11.3

Item 12.4 FWLHD Workforce Plan

Noted

Resolution: **The FWLHD Workforce Plan is received and noted.**
Moved Mariette Curcuruto, seconded John Harris. Carried

Item 12.5 Information for Boards and HCQCs – Revised Incident Management Policy

Noted

Item 12.6 Parliamentary Inquiry Brief

Noted

Item 13. Reports for Endorsement

Item 13.1 Terms of Reference Finance and Performance Committee

The Board members discussed the Terms of Reference noting changes to be made in the future in order to align with the change in Sub-Committee structure.

Endorsed

Resolution: **The Terms of Reference Finance and Performance Committee is endorsed.**
Moved John Harris, seconded Sally Pearce. Carried

Item 13.2 Terms of Reference Aboriginal Health Committee

The Sub-Committee is to be rescinded as discussed at Item 6.7.

Item 14. Business on Notice

Nil

Item 15. Items for Discussion

Item 15.1 Annual Public Meeting

To be held Monday 21 December 2020 at 3pm CST.

Item 16. Calendar of Events

Noted

Item 17. Correspondence

Item 17.1 Maari Ma Health – Complaint Aboriginal Transport

Discussed at Item 9.3.1

Item 17.2 FWLHD Response to Maari Ma Health – Complaint Aboriginal Transport

Discussed at Item 9.3.1

Item 18. Other Business

Nil

Item 19. Closed Meeting

2.53pm

Item 20. Next Meeting

Monday 21 December 2020

Certified as a correct record.

Andrew Refshauge

Name



Signature

21 December 2020

Date